

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

OORAH! POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

PO BOX 3743

Check if different
than previously
reported. (ACC)

CARMEL

IN

46082

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00551853

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☒ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2022

through

M M M / D D D / Y Y Y Y Y Y
04 30 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

WUSLICH, JEFF, , ,

Type or Print Name of Treasurer

Signature of Treasurer

WUSLICH, JEFF, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
05 17 2022

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2022 To: M M / D D / Y Y Y Y Y Y
04 / 30 / 2022

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2022		268285.84
(b) Cash on Hand at Beginning of Reporting Period.....	180415.19	
(c) Total Receipts (from Line 19)	6500.00	48893.54
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	186915.19	317179.38
7. Total Disbursements (from Line 31).....	37632.73	167896.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	149282.46	149282.46
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

OORAH! POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		3	0		2	0	2	2

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	4000.00
(ii) Unitemized	0.00	593.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	4593.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	6500.00	35500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6500.00	40093.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	8800.54
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	6500.00	48893.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6500.00	48893.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	19662.44	104426.63
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	19662.44	104426.63
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	12500.00
24. Independent Expenditures (use Schedule E)	12470.29	12470.29
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	5500.00	38500.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	37632.73	167896.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	37632.73	167896.92

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6500.00	40093.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6500.00	40093.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	19662.44	104426.63
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	19662.44	104426.63

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 30

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

OORAH! POLITICAL ACTION COMMITTEE

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. AMERICAN SOCIETY OF ANESTHESIOLOGISTS PAC

Mailing Address 1061 AMERICAN LANE

City
SCHAUMBURGState
ILZip Code
60173-4973FEC ID number of contributing
federal political committee.

C C00255752

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M	D D	Y Y Y Y
04	24	2022

Transaction ID : SA11C.134802

Amount of Each Receipt this Period

1500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. GENERAL MOTORS COMPANY PACMailing Address 25 MASSACHUSETTS AVENUE NW
SUITE 400 SUITE 400City
WASHINGTONState
DCZip Code
20001-1427FEC ID number of contributing
federal political committee.

C C00076810

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
04	24	2022

Transaction ID : SA11C.134803

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. PFIZER PAC

Mailing Address 235 E. 42ND STREET

City
NEW YORKState
NYZip Code
10017-5703FEC ID number of contributing
federal political committee.

C C00016683

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	D D	Y Y Y Y
04	01	2022

Transaction ID : SA11C.135808

Amount of Each Receipt this Period

2500.00

☐ Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

6500.00

TOTAL This Period (last page this line number only)..... ►

6500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 30

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CONNELL, JOHN, , ,

Mailing Address PO BOX 3743

City
CARMELState
INZip Code
46082Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			2	6			2	0	2	2		

FEC Identification Number

C**Transaction ID : SB21B.I1812I**

Amount of Each Disbursement this Period

2466.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BANDON DUNES

Mailing Address 57744 ROUND LAKE RD

City
BANDONState
ORZip Code
97411Purpose of Disbursement
GOLF FEE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			1	8			2	0	2	2		

FEC Identification Number

C**Transaction ID : SB21B.I1780I**

Amount of Each Disbursement this Period

9000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. BROGHAMER CONSULTING LLC

Mailing Address 502 MONROE ST

City
NEWPORTState
KYZip Code
41071-2006Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	1			2	0	2	2		

FEC Identification Number

C**Transaction ID : SB21B.I1731I**

Amount of Each Disbursement this Period

2510.47

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13976.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. LIMESTONE STRATEGIESMailing Address 5750 CASTLE CREEK PKWY N DR, SUITE
SUITE 367City
INDIANAPOLISState
INZip Code
46250Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		25		2022

FEC Identification Number

C**Transaction ID : SB21B.I1805!**

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. MAILCHIMPMailing Address 675 PONCE DE LEON AVENUE, NORTHEAS
STE 5000City
ATLANTAState
GAZip Code
30308Purpose of Disbursement
SOFTWARE

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		13		2022

FEC Identification Number

C**Transaction ID : SB21B.I1780C**

Amount of Each Disbursement this Period

605.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5605.00

19581.47

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. CYNDI FOR INDY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2022

Mailing Address 101 W. OHIO STREET
SUITE 2200City
INDIANAPOLISState
INZip Code
46204Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

PRIMARY

FEC Identification Number

C**Transaction ID : SB29.I17311**

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. FRIENDS OF DAVE HALL

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		11		2022

Mailing Address 11454 W US HWY 50

City
NORMANState
INZip Code
47264Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

PRIMARY

FEC Identification Number

C**Transaction ID : SB29.I17312**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF DAVYD JONES

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		12		2022

Mailing Address PO BOX 12047

City
FORT WAYNEState
INZip Code
46862Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

PRIMARY

FEC Identification Number

C**Transaction ID : SB29.I17314**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 30

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

OORAH! POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HOOSIERS FOR HAGGARD

Mailing Address 625 EAST STATE ROAD 42

City
MOORESVILLEState
INZip Code
46158Purpose of Disbursement
POLITICAL CONTRIBUTION

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

PRIMARY

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		12		2022

FEC Identification Number

C**Transaction ID : SB29.I17313**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

5500.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 11 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item IQM CORPORATION				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 22 ANDOVER LN				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">4000.00</div>	
City MANHASSET		State NY		Zip Code 11030	
Purpose of Expenditure INTERNET MEDIA				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div>	
Name of Federal Candidate: HAGGARD, CRAIG, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">7075.90</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <input type="checkbox"/> Memo Item FACEBOOK				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">4.44</div>	
City MENLO PARK		State CA		Zip Code 94025	
Purpose of Expenditure INTERNET MEDIA				Category/Type <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div>	
Name of Federal Candidate: HAGGARD, CRAIG, , ,				<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">7075.90</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">4004.44</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>BROGHAMER, KEVIN, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 12 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">5.07</div>	
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 4 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA			Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HAGGARD, CRAIG, , , <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right; text-align: right;">7075.90</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">4.44</div>	
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 5 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA			Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HAGGARD, CRAIG, , , <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose </div>				Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; float: right; text-align: right;">7075.90</div>				Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">9.51</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>BROGHAMER, KEVIN, , ,</u> [Electronically Filed]				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 13 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4.56</div>
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 6 Date of Disbursement or Obligation
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6.48</div>
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 7 Date of Disbursement or Obligation
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures <div style="float: right; border: 1px solid black; padding: 2px; text-align: right;">11.04</div>					
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 14 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.06</div> Transaction ID : 8 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17.81</div> Transaction ID : 9 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; margin-top: 2px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ► _____	

(a) SUBTOTAL of Itemized Independent Expenditures	►	28.87
(b) SUBTOTAL of Unitemized Independent Expenditures.....	►	
(c) TOTAL Independent Expenditures	►	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 15 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1 HACKER WAY			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">26.63</div>
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;"></div>		Transaction ID : 10 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item Date of Public Distribution/Dissemination		
Mailing Address 1 HACKER WAY			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">40.70</div>
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;"></div>		Transaction ID : 11 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____
(a) SUBTOTAL of Itemized Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;">67.33</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
(c) TOTAL Independent Expenditures				<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			Date		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
[Electronically Filed]			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 16 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">36.78</div>		
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 12 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">7075.90</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">72.56</div>		
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 13 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 15px; margin-top: 2px;"></div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; float: right;">7075.90</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">109.34</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 17 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type		Amount 98.63	
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN		
Calendar Year-To-Date Per Election for Office Sought			7075.90 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City MENLO PARK		State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type		Amount 135.72	
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN		
Calendar Year-To-Date Per Election for Office Sought			7075.90 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			234.35		
(b) SUBTOTAL of Unitemized Independent Expenditures.....					
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , , <div style="border-bottom: 1px solid black; width: 100%;"></div>			Date 04 / 28 / 2022 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 18 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on MM / DD / YYYY

Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">233.09</div>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : 30 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>		
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2022		

Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">344.10</div>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : 32 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> MM / DD / YYYY </div>		
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>		
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			2022		

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;">577.19</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

MM / DD / YYYY

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 19 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount 512.65
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 34 Date of Disbursement or Obligation
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div> 7075.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount 497.80
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 36 Date of Disbursement or Obligation
Name of Federal Candidate: HAGGARD, CRAIG, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;"></div> 7075.90		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">1010.45</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			Date <div style="border: 1px solid black; padding: 2px;"></div> 04 / <div style="border: 1px solid black; padding: 2px;"></div> 28 / <div style="border: 1px solid black; padding: 2px;"></div> 2022		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 20 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">514.53</div> Transaction ID : 38 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>				

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">508.85</div> Transaction ID : 40 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>		
Name of Federal Candidate: HAGGARD, CRAIG, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> General District: _____ State: IN	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="border: 1px solid black; padding: 2px; text-align: right;">7075.90</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	1023.38
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 21 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM/DD/YYYY"/>	
Full Name of Payee IQM CORPORATION			<input type="checkbox"/> Memo Item		
Mailing Address 22 ANDOVER LN			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 04 / 24 / 2022		
City MANHASSET	State NY	Zip Code 11030	Amount <input type="text" value="3000.00"/>		
Purpose of Expenditure INTERNET MEDIA		Category/Type <input type="text" value=""/>	Transaction ID : 2 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 04 / 23 / 2022		
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="5394.39"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ►		
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		
Mailing Address 1 HACKER WAY			Date of Public Distribution/Dissemination <input type="text" value="MM/DD/YYYY"/> 04 / 23 / 2022		
City MENLO PARK	State CA	Zip Code 94025	Amount <input type="text" value="5.56"/>		
Purpose of Expenditure INTERNET MEDIA		Category/Type <input type="text" value=""/>	Transaction ID : 15 Date of Disbursement or Obligation <input type="text" value="MM/DD/YYYY"/> 04 / 23 / 2022		
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: IN		
Calendar Year-To-Date Per Election for Office Sought <input type="text" value="5394.39"/>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures			<input type="text" value="3005.56"/>		
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<input type="text" value=""/>		
(c) TOTAL Independent Expenditures			<input type="text" value=""/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			Date <input type="text" value="MM/DD/YYYY"/> 04 / 28 / 2022 <i>[Electronically Filed]</i>		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 22 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.22</div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2022	

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">5.56</div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) District: State: IN	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) 2022	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	10.78
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 23 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount
Purpose of Expenditure INTERNET MEDIA			Category/Type		<div style="border: 1px solid black; padding: 2px;">10.44</div>
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount
Purpose of Expenditure INTERNET MEDIA			Category/Type		<div style="border: 1px solid black; padding: 2px;">8.52</div>
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;">18.96</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 24 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13.94</div> Transaction ID : 20 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">17.19</div> Transaction ID : 21 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/ Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	31.13
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 25 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.37</div>		
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 22 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ► _____	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">34.30</div>		
City MENLO PARK		State CA	Zip Code 94025	Transaction ID : 23 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Purpose of Expenditure INTERNET MEDIA		Category/ Type	<div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ► _____	
(a) SUBTOTAL of Itemized Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;">57.67</div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,			[Electronically Filed]	Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 26 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
---	--

 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">38.22</div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">52.44</div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	90.66
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

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M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 27 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">76.37</div>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : 26 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate: HALL, DAVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">114.28</div>		
City MENLO PARK	State CA	Zip Code 94025	Transaction ID : 27 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; height: 1.2em; width: 100%;"></div>	Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Name of Federal Candidate: HALL, DAVE, , ,		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: IN			
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; font-size: 0.8em; text-align: right;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶ _____	
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) SUBTOTAL of Itemized Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">190.65</div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (b) SUBTOTAL of Unitemized Independent Expenditures..... </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; height: 1.2em;"></div> </div> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (c) TOTAL Independent Expenditures </div> <div style="width: 35%; text-align: right;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em; height: 1.2em;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature BROGHAMER, KEVIN, , ,		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div> </div>	

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 28 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE				FEC IDENTIFICATION NUMBER ▼ C C00551853	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report New report Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">166.91</div>
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 29 Date of Disbursement or Obligation
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022
Full Name of Payee FACEBOOK			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1 HACKER WAY					<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
City MENLO PARK		State CA	Zip Code 94025		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">255.90</div>
Purpose of Expenditure INTERNET MEDIA			Category/Type <div style="border: 1px solid black; padding: 2px;"></div>		Transaction ID : 31 Date of Disbursement or Obligation
Name of Federal Candidate: HALL, DAVE, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) SUBTOTAL of Itemized Independent Expenditures</p> <p>(b) SUBTOTAL of Unitemized Independent Expenditures.....</p> <p>(c) TOTAL Independent Expenditures</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">422.81</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>BROGHAMER, KEVIN, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div> / <div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div> / <div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		[Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 29 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">387.35</div> Transaction ID : 33 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">402.20</div> Transaction ID : 35 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;"> </div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) ▶	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures	▶	789.55
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 30 OF 30
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) OORAH! POLITICAL ACTION COMMITTEE	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> C C00551853 </div>
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 Check if ☐ 24-hour report ☐ 48-hour report New report Amends report filed on

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">385.47</div> Transaction ID : 37 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>				

Full Name of Payee FACEBOOK <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 1 HACKER WAY			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">391.15</div> Transaction ID : 39 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
City MENLO PARK	State CA	Zip Code 94025		
Purpose of Expenditure INTERNET MEDIA		Category/Type <div style="border: 1px solid black; padding: 2px; width: 100px;"></div>		
Name of Federal Candidate: HALL, DAVE, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> Other (specify) 	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2022 <input type="checkbox"/> Other (specify) 	
<div style="border: 1px solid black; padding: 2px; text-align: right;">5394.39</div>				

(a) SUBTOTAL of Itemized Independent Expenditures	▶	776.62
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures	▶	12470.29

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

BROGHAMER, KEVIN, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

M M / D D / Y Y Y Y Y Y

Signature